This form may be completed online, printed and mailed to the address listed below.

11/02

NURSE AIDE **WRITTEN** EXAMINATION REGISTRATION FORM

Office Use Only

EXAMINATION SITE: _____ DATE: _____

Name & Address (First, M. Initial, Last)	SS #:	Date of Birth	Date of Hire	Course Completion Date	(Leave Blank)	**SCORES**
1. _____	_____	_____	_____	_____	1. _____	_____
(Address) _____						
2. _____	_____	_____	_____	_____	2. _____	_____
(Address) _____						
3. _____	_____	_____	_____	_____	3. _____	_____
(Address) _____						
4. _____	_____	_____	_____	_____	4. _____	_____
(Address) _____						
5. _____	_____	_____	_____	_____	5. _____	_____
(Address) _____						
6. _____	_____	_____	_____	_____	6. _____	_____
(Address) _____						

I certify that all individuals listed above completed at least a 75-hour training program at this facility under my responsibility.

_____ _____ _____ _____

Signature of the Program Coordinator | R.N. License # | Facility Name & City | Date

Facility Telephone #: _____

REGISTRATION FOR INDIVIDUALS NOT TRAINED AT THIS FACILITY

1. _____	_____	_____	_____	_____	1. _____	_____
(Address) _____						

I have verified that all of the individuals listed above have completed at least a 75-hour program at an approved facility. (**Attach a copy of the letter from the nurse aide registry to verify testing eligibility.**)

_____ _____ _____ _____

Signature of the Director of Nurses or Prog. Coord. | R.N. License # | Facility Name & City | Date

Please return this form to: **Department of Health & Human Services Regulation and Licensure, Credentialing Division, PO Box 94986, Lincoln, NE 68509-4986 or fax 402-471-1066**

www.hhs.state.ne.us/crl/nursing/na/75writfac.pdf